## THE UNIVERSITY of MONTANA WESTERN

## Contract Third Party Payments for student cost related to attending The University of Montana Western

## PLEASE FILL OUT ONE CONTRACT FOR EACH STUDENT PER TERM

STUDENT NAME:		STUDENT ID:	
TERM (circle one):	SPRING/FALL/SUMME	R YEAR: (one term only	y)
THIRD PARTY NA	ME:		
ADDRESS:			
THIRD PARTY CO	ONTACT:	EMAIL_	PH NUMBER:
WE AUTHORIZE PAYMENT OF			
TUITION & FEES:	FULL AMOUNT: YES /	NO IF NO PARTIAL AMOUNT:	
BOOKS:	FULL AMOUNT: YES /	NO IF NO PARTIAL AMOUNT:	
SUPPLIES:	FULL AMOUNT: YES /	NO IF NO PARTIAL AMOUNT:	
INSURANCE:	FULL AMOUNT: YES /	NO IF NO PARTIAL AMOUNT:	
ROOM & BOARD:	FULL AMOUNT: YES /	NO IF NO PARTIAL AMOUNT:	
OTHER: DESCRIF	TION	AMOUNT:	
TERMS AND CONDITIONS:			
This contract will remain in force over the entire term as indicated above unless notification in writing is received from the Third-Party Agency. The Third-Party Agency must inform Student Account Services of Third-Party sponsorship prior to each term. The absence of appropriate signature and/or failure to return this document will result in direct billing to the student. After the 15 <sup>th</sup> class day of each term, Student Account Services will bill the Third Party for the balance due Net 30 days from the bill date. If not paid by the due date, the Third Party may be billed interest at a rate of 10% annually.			
outstanding debts fi	rom prior terms. If a stude	· · · · · · · · · · · · · · · · · · ·	onsored students if the Third-Party Agency has sees within the refund period, The University lass day each term.
the student by each balance. Any disput Third-Party Agency	agency. The University, at the between the Student and	its option, may apply this credit to an od the Third-Party Agency will not involve tion with The University of Montana. F	encies based on the percentage contributed to outstanding student or other Third-Party the The University, and will not absolve the failure in any part to pay as the agreement
AUTHORIZED S	IGNATURE: _		DATE:
STUDENT SIGNA	ATURE: _		DATE:
DIRECTOR OF B	USINESS SERVICES:		DATE:

PLEASE RETURN TO:

UNIVERSTY OF MONTANA WESTERN ATTN: BUSINESS SERVICES OR **EMAIL** TO <u>BUSINESSSERVICES@UMWESTERN.EDU</u>